2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N03000001377

Entity Name: THE UNITED PENTECOSTAL CHURCH OF DARLINGTON, FLORIDA, INC.

Current Principal Place of Business:

440 WEST ORANGE AVENUE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 690
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 05-0522417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, MARK D
694 BALDWIN AVENUE
SUITE 1
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KING, DAVID W
Address: 142 HURLEY DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S/T ( ) Delete
Name: PARLINE, ROBERTS
Address: 90 CHAFFIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete
Name: RUSHNG, HILTON R
Address: 252 NORTH FIFTH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete
Name: BUSH, JAMES G
Address: 130 ALTHEA LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TD ( ) Delete
Name: MCINTOSH, BOBBY
Address: POST OFFICE BOX 176
City-St-Zip: PAXTON, FL 32538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: PAULINE, ROBERTS
Address: P.O. BOX 690
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. KING PRES 01/06/2009

Electronic Signature of Signing Officer or Director — Date